

Submission Checklist and Helpful Tips for Completing the EZ-6N

The purpose of this checklist is to reduce the possibility of your application being returned to you. To ensure a complete application, the applicant should review the Virginia Enterprise Zone Tax Credit Instruction Manual dated January 2004 (available at www.dhcd.virginia.gov) and consult your tax professional.

- ❑ Only businesses are eligible to qualify for the credits.
- ❑ Only businesses located within the boundaries of a Virginia Enterprise Zone are eligible to qualify for the incentives. Please confirm the location with the appropriate Local Zone Administrator as listed in Appendix A of the tax credit instruction manual.
- ❑ The correct form is being used for the type of business, New or Existing:
 - An **EXISTING** business firm uses **EZ-6E** and either:
 1. Began operation in the zone before the date that the zone was designated;
 2. Or, is engaged in business in VA and relocates to the zone;
 3. Or, is engaged in business in VA and is acquired by a new taxpayer.
 - A **NEW** business firm uses **EZ-6N** and either:
 1. Is a business not previously conducted in VA that begins operation in a zone after the zone was designated;
 2. Or, a Virginia firm that opens an additional establishment /new facility (after zone designation date) in a zone.
- ❑ Business firms with at least 50 employees and \$15 Million in investment have negotiated the amount of the credit with DHCD.
- ❑ Firms that use the 6N, New Business form, in the initial qualification year continue to use that form in years two through ten.
- ❑ If submitting a 6N, the firm has no net loss at the outside (non-zone) facility.
- ❑ If submitting a 6E, the firm did not count shifted or transferred employees from a non-zone facility.
- ❑ The business firm’s state income tax liability is accurately reported. If, due to adjustments, the amount of actual tax liability as reported on the application changes, the amount of credit that the qualified business firm will be eligible to receive will not exceed the amount of credit authorized by DHCD. If, as a result of adjustments, the tax liability decreases from the amount stated on the application, the qualified business firm will receive a lower credit based on the new tax liability.
- ❑ Form EZ-6E/EZ-6N has been completed and signed by both the business firm representative and an independent CPA licensed in Virginia. Provide the Virginia license number of the CPA.
- ❑ Business firms wishing to amend past tax returns to request tax credits have contacted DHCD to learn if credits are available for that prior year.

Submitting the application

- ❑ The application **must be** either a 6N or 6E-series form and printed on 8½” x 14” paper, which is standard legal-sized paper. The minimum font size is 11 points.

Remember These Tax Credit Deadlines

May 1st – Firm submits to DHCD.

June 1st – DHCD notifies firm of deficiencies.

June 15th – Firm resubmits, if necessary.

June 30th – DHCD notifies firm of qualification.

July – Qualified Partnerships, S-Corps, and LLCs send Taxation an electronic version of details about partners or shareholders. See Appendix E.

If any of the required submittal dates fall on a weekend or holiday, the due date is the next business day.

Please do not hesitate to contact DHCD at (804) 371-7030 or via e-mail at EZONE@dhcd.virginia.gov with any questions you might have about how to qualify or complete the applications.



VIRGINIA ENTERPRISE ZONE PROGRAM
General Income Tax Credit Qualification Form
Print on 8½" x 14" paper.

Form EZ-6N
New Firms

Read Tax Credit Instruction Manual before completing this form.

PART I: BACKGROUND INFORMATION

1. Zone Name	Zone #	Zone Designation Date (MM/DD/YYYY)	Date Bus. began Operation in Zone (MM/DD/YYYY)	
2. Business Firm Legal Name		Trading Name, if Different than Legal Name		
3. Federal Employment ID# (FEIN)		Activity # (First three digits of the NAICS. See Instruction Manual.)		
4. Principal Mailing Address		City	State	Zip Code
5. Physical Address of Zone Establishment (if different from above)		City/County/Town		
6. Business Firm Contact Person	Title	Daytime Phone # ()	E-mail Address	
7. If the Firm is a Subsidiary, Name of the Parent Company		Federal Employment ID# (FEIN) of Parent Company		

8. Check the type of New Business. (If a business completed a NEW FIRM form 6N in a previous year, it must continue to submit NEW FIRM 6N forms for each year of its ten-year qualification period.)
- ☐ Relocation from outside Virginia to zone
- ☐ Start-up business
- ☐ New facility established in zone by a Virginia firm
9. Check the type of Business Organization. (If "other," explain type.)
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ S Corporation
- ☐ Limited Liability Corporation
- ☐ Other: _____
10. Check the type of state tax that applies to this firm.
- ☐ Corporate Income Tax
- ☐ Franchise Tax on Net Capital
- ☐ Franchise Tax or License Tax on Gross Receipts
- ☐ Individual Income Tax

PART II: QUALIFICATION INFORMATION

1. This application is qualification year number (Check the appropriate #.): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
2. Qualification is requested for taxable year beginning _____ (MM/DD/YYYY) and ending _____ (MM/DD/YYYY)
3. Employment Test (Note: PFTE = Permanent full-time employee)
- A. Average # of PFTE who were employed by the firm in Virginia, OUTSIDE the zone PRIOR to the QUALIFICATION year..... A _____

B. Average # of PFTE who were employed by the firm in Virginia, OUTSIDE the zone DURING the QUALIFICATION year..... B _____

C. Average # of PFTE who were employed at the firm's ZONE ESTABLISHMENT DURING the QUALIFICATION year..... C _____

D. Average # of NEW PFTE who meet the definition of low-income..... D _____

E. Average # of NEW PFTE who are zone residents..... E _____

F. Total # of NEW PFTE who are low-income or zone residents. Add lines (D) and (E). F _____

G. Percentage of the increase in the average # of NEW PFTE who are low-income or zone residents. Divide line (F) by line (C) and multiply by 100. Round to the nearest whole percent. G _____ %
4. ACTUAL tax liability attributable to the conduct of trade or business within the enterprise zone. \$ _____
5. If the business firm was involved in a negotiated general tax credit, enter the total amount negotiated. \$ _____

Part III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I am authorized to sign on behalf of the applicant.

Signature	Typed or Printed Name	Title	Date (MM/DD/YYYY)
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2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 2 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State tax incentives under this Program.

Signature of CPA		Typed or Printed Name		Date (MM/DD/YYYY)	
VA License #	Daytime Telephone Number ()	E-mail address			
Accounting Firm		Address		City	State Zip

DHCD Use Only:	Date Received:	Number Assigned:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is May 1st of the calendar year subsequent to the taxable qualification year (Part II, Item 1). Send the original copy via United States Postal Service certified mail (postmarked no later than May 1st) or hand deliver by 5 p.m. May 1st, to the Virginia Department of Housing and Community Development, Enterprise Zone Program, 501 North Second Street, Richmond, VA 23219. (UPS, Fed Ex or other delivery services are considered hand delivery and must arrive at DHCD before 5 p.m., May 1st.) Late applications are handled on a first come, first served basis, and may only receive tax credits if an outstanding tax credit balance for the program remains for that year.